

REQUIREMENTS FOR REACTIVATION/STATUS CHANGE/ EMPLOYMENT/CONVERSION – PEST CONTROL

Mail or deliver required documents to:
PEST CONTROL BOARD
DCCA, PVL Licensing Division
P. O. Box 3469
Honolulu HI 96801

OR

Deliver to office location at:
1010 Richards St., 1st Fl
Honolulu HI 96183
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Molokai & Lanai: 1-800-468-4644 ext. 6-3000
Hawaii: 974-4000 ext. 6-3000
Maui: 984-2400 ext. 6-3000
Kauai: 274-3141 ext. 6-3000

Access this form via website at: www.state.hi.us/dcca/pvl

NO APPLICATION/FEEs REQUIRED FOR THE FOLLOWING:

Business address (Chemical storage facility) changes (entities & sole owners)

Submit a letter requesting your business address change. Include your mailing address and license number.

Attach completed Zoning Certification form (PC-12). P. O. Box or another address can be used for mailing.

Other address changes

Submit a written request for all other changes.

CHANGING EMPLOYER

Field representative

Submit a completed Confirmation of Employment form (PC-07a).

Responsible managing employee

Submit a corporate resolution or letter signed by the secretary/owner designating the RME, which the RME shall co-sign. The resolution/letter shall specify duties and responsibilities of the RME and the position the RME holds.

APPLICATION/FEEs REQUIRED FOR THE FOLLOWING:

(Presently inactive field representative and will be reactivating)

1. \$30 fee and complete application (PC-25).
2. Complete Confirmation of Employment form (PC-07a).
3. Copy of current Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD)

Presently inactive and will be reactivating as RME

1. \$30 fee and complete application (PC-25).
2. Copy of current Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD)
3. Corporate resolution or letter signed by the secretary/owner designating the RME, which the RME shall co-sign. The resolution/letter shall specify duties and responsibilities of the RME and the position the RME holds.

Conversion to another entity

1. \$30 fee and complete application (PC-25).
2. A "file-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG).
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new certificate of liability and worker's compensation insurance.
5. If bond is required – Rider or new bond to reflect new name.

The following actions require board approval and must be received in the board's Honolulu office on or before the filing deadline. The board is scheduled to meet once a month, except for the month of December. Make checks payable to Commerce & Consumer Affairs.

Presently Inactive RME and will be Reactivating as Sole Owner

1. \$30 fee and complete application (PC-25).
2. Current financial statement (not more than 1 year old) prepared and signed by a CPA or PA holding a current permit to practice. If licensed in another state, provide a copy of license.
3. A current Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of current Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD)
5. Copy of current Trade Name Registration (if using trade name).
6. Zoning Certification form (PC-12).

**Presently inactive RME
and will be
reactivating as sole
owner (Contd.)**

7. Certificate of Insurance on liability coverage. (For general liability in the minimum amount of \$100,000 for any one claim and a minimum aggregate of not less than \$300,000 for all claims arising during a policy term of one year).
8. Certificate of Insurance on Worker's Compensation coverage or if no employees, sign "Exclusion" form.

**Presently Inactive
Corporation,
Partnership, LLC, LLP or
joint venture and
will be Reactivating**

1. \$30 fee and complete application (PC-25).
2. Financial statement (not more than 1 year old) prepared and signed by a registered or certified accountant holding a current permit to practice. If licensed in another State, provide a copy of license.
3. A current Hawaii State Tax Clearance, **(not more than 6 months old)** with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of current Trade Name Registration (if using trade name).
5. Corporate resolution or letter signed by the secretary/owner designating the RME, which the RME shall co-sign. The resolution/letter shall specify duties and responsibilities of the RME and the position the RME holds.
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).
7. Zoning Certification form (PC-12).
8. Certificate of Insurance on liability coverage. (For general liability in the minimum amount of \$100,000 for any one claim and a minimum aggregate of not less than \$300,000 for all claims arising during a policy term of one year).
9. Certificate of Insurance on Worker's Compensation coverage or if no employees, sign "Exclusion" form with proof of ownership. Note: "Exclusion" form not applicable to LLCs.

Note: Upon approval by the board, the following may be due:

Evidence of liability-property damage insurance
Evidence of workers compensation insurance or if no employees
Applicable fees
A signed "*Principal RME Designation*" form (available at board's office) and, if applicable other items that may be required by the board

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR REACTIVATION, STATUS CHANGE CONVERSION – PEST CONTROL

(Read attached instructions)

Name of Applicant

Trade Name (if any)

Business/Residence address (include apt. no., city, state & zip code)

Mailing address (if different from above)

Social Security No.

Phone No. (days)

FOR BOARD USE ONLY

License No.

Effective Date:

Branch(es): 1 2 3

Reactivate Class Conversion Reactive License

Check only one:

- ☐ Individual (sole owner)
- ☐ Corporation
- ☐ Partnership
- ☐ Joint Venture (J/V)
- ☐ Limited Liability Company (LLC)
- ☐ Limited Liability Partnership (LLP)
- ☐ Responsible Managing Employee (RME)
- ☐ Field Representative

License No. Held:

Branch(es) Held:

Branch(es) Reactivating:

Application is being made to: (check one)

() **REACTIVE CLASS** () **REACTIVE LICENSE** () **CHANGE STATUS** () **CONVERSION**

If applicant is corporation, partnership, J/V, LLC, or LLP, name of RME:

License No.: PCO -

If applicant is Responsible Managing Employee (RME), name of employing firm: _____

Mailing Address: _____

License No.: _____

Complete only if applicant is reactivating a license as a sole owner, corporation, partnership, J/V, LLC, or LLP. List name(s) of owner, officers, directors, managers or members and title.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The undersigned hereby applies for license pursuant to the provisions of Chapter 460J, Hawaii Revised Statutes, and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

I hereby certify that the information supplied herein and attachments thereto are true and correct. I understand that any material misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes).

Applicants Signature

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Title

Date

Appl 475 \$30
React 472 \$30
Service Fee BCF \$15

PEST CONTROL BOARD

Department of Commerce and Consumer Affairs

P.O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: www.state.hi.us/dcca/pvl

Applicant _____

Address of Chemical Storage Facility

Tax Key No. _____

ZONING CERTIFICATION FORM

As an applicant for a pest control operator's license, I understand that the law requires my place of business (chemical storage facility) to be located in an area zoned to allow such a business. I have applied directly with the County for a zoning clearance and I hereby certify the following:

1. That the office and its location as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business;
3. That if there is any change of address, or location of the office, the board will be informed, a new clearance will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal of renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

Date _____

Signed _____

PCO/RME

Legal Name
of License _____

Sole Owner, Corporation,
Partnership, LLC, LLP

Mailing Address (if different from above)

License No. PCO -

ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must apply for a zoning clearance with the appropriate county agency and make an attestation as to your approval (on the reverse) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

County of Honolulu:	Department of Planning & Permitting City and County of Honolulu 650 So. King Street, 7th Floor Honolulu, HI 96813	Phone: 523-4131
Kakaako Community Development District:	Hawaii Community Development Authority 677 Ala Moana Blvd., #1001 Honolulu, HI 96813	Phone: 587-2870 or 587-2865
County of Hawaii:	County of Hawaii Planning Department 25 Aupuni St. Hilo, HI 96720	Phone: 961-8288
County of Kauai	County of Kauai Planning Department 4444 Rice St., Ste. 473 Lihue, HI 96766	Phone: 241-6677
County of Maui:	County of Maui Planning Department 250 South High St. Wailuku, HI 96793	Phone: 243-7253

PEST CONTROL BOARD - FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____, 20____ (not more than one year old) is for:

Name of Applicant (owner, corporation, etc.): _____

Trade Name, if any (dba): _____

Address: _____

ASSETS:

CURRENT ASSETS:

Cash *(include checking account)*..... \$ _____
Savings account _____
Time certificates *(within 1 year)* _____
Deposit with bids _____
TOTAL CASH \$ _____
Accounts receivable *(completed contracts)* _____
Earned estimated and retainage *(uncompleted contracts)* _____
Other accounts receivable _____
Work in progress *(unbilled)* _____
Notes receivable _____
Stocks and bonds _____
Life insurance *(cash value)* _____
Other current assets _____
TOTAL CURRENT ASSETS \$ _____

OTHER ASSETS:

Material in stock *(not included in any items above)* \$ _____
Inventory or other materials..... _____
Other assets _____
TOTAL OTHER ASSETS \$ _____

FIXED ASSETS:

Equipment at net book value \$ _____
Real estate _____
Furniture and fixtures at net book value _____
Tools _____
Other fixed assets _____
TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS..... \$ _____

LIABILITIES:

CURRENT LIABILITIES:

Notes payable *(due within one year)*:
To banks regular \$ _____
To material men _____
To other *(exclusive of equipment)* _____
TOTAL NOTES PAYABLE \$ _____
Account payable:
Subcontractors \$ _____
Material men _____
Others _____
TOTAL ACCOUNTS PAYABLE \$ _____
Current maturities (long-term debt) \$ _____
Accrued payrolls _____
Federal and state income tax _____
Payroll taxes *(including F.I.C.A. S.U.I. and income taxes withheld)* _____
Other accrued taxes, interest, etc. _____
Encumbrances on equipment *(due within 1 year)* _____
OTHER CURRENT LIABILITIES *(specify)*:

TOTAL CURRENT LIABILITIES \$ _____

LONG-TERM LIABILITIES:

Long-term debt *(less portion due within one year)* \$ _____
Encumbrances on equipment *(due after 1 year)* _____
Encumbrances on real estate _____
Billings in excess of cost on uncompleted contracts _____
Other long-term liabilities *(specify)*:

TOTAL LONG-TERM LIABILITIES \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH:

Capital stock (if corporation, show shares authorized, issued-par value) \$ _____
Surplus _____
TOTAL NET WORTH..... \$ _____
TOTAL LIABILITIES AND NET WORTH \$ _____

This statement must be signed, whether accountant uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license *(Sec. 710-1017, Hawaii Revised Statutes)*.

SIGNATURE OF APPLICANT: _____

TITLE *(owner, president, etc.)*: _____

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF
C.P.A. or P.A.: _____

LICENSE NUMBER _____

PRINT NAME: _____

STATE _____

SHALL BE PREPARED AND SIGNED BY A REGISTERED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. (IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF LICENSE)